

Idaho State Department of Agriculture*Division of Agricultural Resources*

PO Box 7723

Boise, ID 83707

(208) 332-8600 Fax: (208) 334-3547

OFFICE USE ONLY

Receipt Date_____

Check #_____

Fee \$_____

Record #_____

2006/2007 PESTICIDE LICENSE APPLICATION**Please Print**

APPLICANT_____ SS#_____

MAILING ADDRESS_____

CITY_____ ST_____ ZIP_____ COUNTY_____

HOME PH _____

- NOTES:**
- (1) List chemigation systems on reverse (attach addition sheets if necessary) if you are applying for a chemigation license.
 - (2) Out-of-state applicants seeking reciprocity (RU only) must attach a copy of their current year home state license to this application.
 - (3) Dates of expiration correspond with the first letter of your last name (see chart below).
 - (4) If you are renewing your license, attached a copy of the front and back of your signed license.

LAST NAME		LICENSE EXPIRES
Odd Year	Even Year	
A-D	M-P	MARCH
E-H	Q-T	JULY
I-L	U-Z	OCTOBER

I am applying for:

____Restricted Use (RU) Pesticide Category \$10.00 fee

____Chemigation (CH) Category \$20.00 fee

____Both RU & CH Categories \$30.00 fee

I certify that this information is correct. I am at least eighteen (18) years of age.

DATE_____ APPLICANT SIGNATURE_____

INVENTORY OF CHEMIGATION SYSTEMS

☐ Same as previous years

☐ New Systems

System Name: _____

Chemical: Fertilizer[] Pesticide[] Both[] Water Supply: Domestic[] Ground[] Surface[]

Type of Deliver System: Center Pivot[] Sprinkler[] Surface Irrigation[] Other[]

Legal Description: 1/4 Sec. _____ 1/4 Sec. _____ Section _____ Township _____ Range _____

System Name: _____

Chemical: Fertilizer[] Pesticide[] Both[] Water Supply: Domestic[] Ground[] Surface[]

Type of Deliver System: Center Pivot[] Sprinkler[] Surface Irrigation[] Other[]

Legal Description: 1/4 Sec. _____ 1/4 Sec. _____ Section _____ Township _____ Range _____

System Name: _____

Chemical: Fertilizer[] Pesticide[] Both[] Water Supply: Domestic[] Ground[] Surface[]

Type of Deliver System: Center Pivot[] Sprinkler[] Surface Irrigation[] Other[]

Legal Description: 1/4 Sec. _____ 1/4 Sec. _____ Section _____ Township _____ Range _____

To facilitate the Idaho State Department of Agriculture's (ISDA) audit program, the ISDA requests that you list the names of other licensed chemigators who conduct chemigation at the system listed above.

Print Name

License Number(s)

I certify that:

- 1) The equipment and system I plan to use for chemigation meets the ISDA standards.
- 2) The owner and other persons who will be operating the equipment have read the ISDA Rules for chemigation. (IDAPA 02.03.04)
- 3) The owner and other persons who will be operating the equipment intend to operate and maintain the chemigation system according to the above stated rules.
- 4) All the sites that I plan to chemigate this year have been listed.
- 5) The information on this form (front & back) and all attachments is correct.

DATE: _____ NAME: _____